



**CITY OF SOMERVILLE
PURCHASING DEPARTMENT**

**REQUEST FOR APPLICATIONS
2015-16 Somerville Water Distribution System Operator
D4 Operator**

The City of Somerville, through the Purchasing Department, invites applications for:
Fully Licensed D4 Operator to work on a contractual basis for the City of Somerville.
The City of Somerville is recruiting qualified and interested candidates to work on a full time basis. If qualified candidates are only available on a part-time basis, the City of Somerville will consider part-time options.

The application can be requested via email from Orazio DeLuca, Contract Manager, at odeluca@somervillema.gov starting **Friday, February 6, 2015**. The Application will also be available on the City's Purchasing Website:

<http://www.somervillema.gov/departments/finance/purchasing/bids>

Applications will be received at the Purchasing Department, 1st Floor, City Hall, 93 Highland Avenue, Somerville, MA 02143 until **Friday, March 13, 2015 @ 11:00 AM, or until the position is filled.**

Application Requirements:

1) References of three municipal customers; 2) Evidence of License(s) and 3) Signed W9.

Evidence of Insurance may be required at time of contract award.

Please contact Orazio DeLuca, Contract Manager, 617-625-6600 x3407, or email odeluca@somervillema.gov, for information.

Angela M. Allen
Purchasing Director
617-625-6600, x3400

02/06/2015: Massachusetts Water Works Association (MWWA)
02/06/2015: New England Water Works Association (NEWWA)

The City of Somerville seeks to obtain the services of a contracted Water Distribution System Primary Operator, Grade D4 Full. The Water Distribution System Operator performs a variety of skilled work associated with general oversight, construction, maintenance and emergency repair of a Commonwealth of Massachusetts Department of Environmental Protection designated D4 water distribution system. The City's complex water distribution system consists of approximately 125 miles of pipeline, 14,400+ metered water services, and 2 pressure zones. Services are required on a daily basis Monday through Friday 7:30AM to 4:00PM, City holidays excluded. The City of Somerville will also consider a part-time option for this position. Part-time services would be required Monday through Friday, 7:30 AM to 11:30 AM, or Monday thru Friday, 12:00 Noon to 4:00 PM. This contractor position is available to be filled immediately for up to one year with possible extensions. Primary operator must be able to respond to emergencies within one hour of notification. The City purchases water from the Massachusetts Water Resource Authority (MWRA), a public authority that provides wholesale water services to 48 communities in the Commonwealth of Massachusetts.

Primary Operator is required to give responsible, technical advice and oversee the technical aspects of the City's water distribution system, and must be knowledgeable of Massachusetts Drinking Water Regulations. In concert with Water Foreman, gives direction, and provides oversight to others on a crew to ensure the successful completion of work performed on the distribution system.

Illustrative Duties:

- Be responsible for day-to-day operation and management of distribution system
- Ensure the City of Somerville's compliance with applicable state regulations, including but not limited to 310 CMR 22.00 et seq.
- Ensure delivery of safe drinking water at all times by complying with Massachusetts Drinking Water Regulations
- Inspect distribution system daily
- Oversight of testing, flushing, cleaning and disinfecting distribution system when necessary
- Assist in the maintenance of water distribution maps, sample locations, disinfection process
- Oversee collection of water samples as required by MassDEP
- Ensure that all samples are delivered to and analyzed by a Massachusetts certified lab
- Reporting to MassDEP all results within specified time frames
- Participate in conduct of sanitary surveys
- Assist in the completion and submittal of Annual Statistical Report
- Assist in the completion of the annual Consumer Confidence Report
- Notify MassDEP of violations and issue public notices as necessary
- Be present during system repairs and maintenance/oversee repair and maintenance performed by others such as Water Department staff and contractors
- Assist in the update of preventive maintenance schedules, operation and maintenance plans, emergency response plan and other plans as required

- Troubleshoot equipment, water quality/quantity problems and direct corrective actions as needed
- Troubleshoot causes of water quality complaints and respond to consumer complaints in a timely fashion.
- Maintain a log of quality complaints
- Maintain awareness of changes in drinking water regulations
- Attend training as needed to maintain certification renewal
- Accompany regulatory agencies during on-site inspections
- Develop, maintain and keep up to date a public water system standard operational and maintenance manual
- Ensure annual Emergency Response Program training is completed
- Report emergencies to MassDEP and Board of Health within specified time frames

III. Quality Requirements

Please respond to the following questions. A negative response to any of the following questions will automatically disqualify the vendor:

	Yes	No
Does the vendor possess a Full Grade D4 Water Operator license issued by the Commonwealth of Massachusetts?		
Can the Vendor meet all the requirements according to the specifications?		
Can the vendor perform the required day to day duties ?		
Can the vendor Assist in the completion and submittal of Annual Statistical Report?		
Will the vendor be able to complete Reporting to MassDEP all results within specified time frames?		
Can the vendor Assist in the completion of the annual Consumer Confidence Report?		
Can the vendor troubleshoot equipment, water quality/quantity problems and direct corrective actions as needed?		
Can the vendor troubleshoot causes of water quality complaints and respond to consumer complaints in a timely fashion?		
Can the vendor provide proof of Insurance if required, upon contract award?		
Optional: Vendor: Are you a State Office for Minority and Women Owned Business Assistance (SOMWBA) certified minority or woman owned business?		

IV. References
REFERENCE FORM

Bidder: _____

IFB Title: **Water Distribution System Primary Operator D4**

Bidder must provide references for: **Three Similar Sized Municipalities**

Reference: _____ Contact: _____

Address: _____ Phone: _____

Fax: _____

Description and date(s) of supplies or services provided: _____

Reference: _____ Contact: _____

Address: _____ Phone: _____

Fax: _____

Description and date(s) of supplies or services provided: _____

Reference: _____ Contact: _____

Address: _____ Phone: _____

Fax: _____

Description and date(s) of supplies or services provided: _____

V. Rule for Award

One or more contract(s) will be awarded to the responsible and eligible bidder offering the lowest hourly rate for service.

VI. Bid Pricing Sheet

Please quote on the following items. Prices are to include delivery, the cost of fuel and all other charges related to the services listed below. Prices are to remain the same for the entire contract period.

Water Distribution System Primary Operator Grade D4 Full Labor Rates Per hour	03/16/2015 To 03/15/2016	03/16/2016 To 03/15/2017	03/16/2017 To 03/15/2018
Regular Time 7:30 AM to 4:00 PM, Monday thru Friday	Per hour \$	Per hour \$	Per hour \$
Part Time Hourly Rate 7:30 AM to 11:30 AM Monday thru Friday	Per hour \$	Per hour \$	Per hour \$
Part Time Hourly Rate 12:00 Noon to 4:00 PM Monday thru Friday	Per hour \$	Per hour \$	Per hour \$
Emergency Response Hours 4:00 PM to 7:30 AM, Monday thru Friday all day Saturday all day Sunday	Per hour \$	Per hour \$	Per hour \$

Contract Award:

One or more contract(s) will be awarded to the responsible and eligible bidder offering the lowest hourly rate for service.

Signature & Title of Person Submitting Bid: _____

Company Name: _____

Address: _____

Phone #: _____ Fax #: _____

E-Mail: _____ Date: _____

ADDENDA #1 _____ #2 _____ #3 _____ #4 _____ ACKNOWLEDGED
Failure to acknowledge receipt of addenda may result in your bid being rejected.

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <input type="checkbox"/> Other (see instructions) ▶	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.) City, state, and ZIP code List account number(s) here (optional)	Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				
Employer identification number								
				-				

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.